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OCT 20 2005

P. 001

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FAX COVER SHEET

Date: Thursday, October 20, 2005

Number of Pages: Cover sheet plus 17 page(s)

To: Commissioner of Patents

Company: United States Patent and Trademark Office

Your Reference: Serial No. 09/939,081

Fax Number: 571.273.8300

From: Thomas Q. Henry (thenry@uspatent.com)

Our Reference: 7320-146

Comments: Please see attached documents for filing.

CONFIRMATION OF RECEIPT REQUESTED IF CHECKED: ☒

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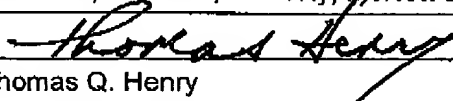
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WEMMH PTO/SB/21 (09-04)

Approved for use through 7/31/2006. OMB 0651-0032
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/939,081	
		Filing Date	August 24, 2001	
		First Named Inventor	Zoran Cetusic et al.	
		Art Unit	2681	
		Examiner Name	Erika A. Gary	
Total Number of Pages in this Submission		Attorney Docket Number	7320-146	
ENCLOSURES (check all that apply)				
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached Credit Card Payment Form 2038 <input checked="" type="checkbox"/> Amendment Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (One Month) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD		<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):
		Remarks 		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT				
Firm Name	Woodard, Emhardt, Moriarty, McNett & Henry LLP			
Signature				
Printed Name	Thomas Q. Henry			
Date	October 20, 2005	Reg. No.	28,309	

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October 20, 2005

Date of Signature

7320-146.WAM.368862

WEMMH #44050 (Rev. 7/05)

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WEMMH PTO/SB/17 (02/04)
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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

Complete if Known

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)**60.00**

Application Number	09/939,081
Filing Date	August 24, 2001
First Named Inventor	Zoran Cetusic et al.
Examiner Name	Erika A. Gary
Art Unit	2681
Attorney Docket No.	7320-148

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
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For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
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1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (Including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims Fee (\$)	Fee Paid (\$)
-20 or HP	=	X	=	X	=

HP = highest number of total claims paid for, if greater than 20

Independent Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
-3 or HP	=	X	=

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

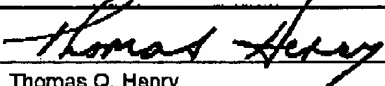
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 C.F.R. 1.16(e).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
-100	=	/50 = (round up to a whole number)	X	

4. OTHER FEE(S)


Non-English Specification, \$130 fee (no small entity discount)
Other (e.g., late filing surcharge): Fee - One Month Extension As Set Forth In 37 CFR 1.17(A)(1)

SUBMITTED BY:

Signature		Registration No.: (Attorney/Agent)	28,309	Telephone:	(317) 634-3456
Name (Print/Type):	Thomas Q. Henry	Date:	October 20, 2005		

CERTIFICATE OF MAILING OR TRANSMISSION

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Name (Print/Type)	Thomas Q. Henry
Signature	
Date	October 20, 2005

7320-148.WAM.368859
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